

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 9/405046 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	12/17/04 AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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12						
13						
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15						
16						
17						
18						
19						
20						
21						
22	1					
23						
24						
25						
26						
27						
28						
29						
30	1					
31						
32		1				
33						
34						
35						
36						
37						
38						
39						
40						
41		2				
42	1					
43						
44						
45		1				
46						
47						
48		3				
49		1				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	12/17/04					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58		1				
59		1				
60		1				
61		1				
62		1				
63		3				
64		3				
65		3				
66		3				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	25					
TOTAL CLAIMS	28					